Executive Summary

With *Smile Survey 2000*, the Washington State Department of Health (DOH) takes its second look at the oral health status and treatment needs of children in Washington State. Both *Smile Survey 1994* and *Smile Survey 2000* support development of state policies and programs to reach the goal of ensuring that all of Washington's children receive the oral health care they need.

DOH focused *Smile Survey 2000* on four groups of children: infants and toddlers, low-income children attending preschool, American Indian/Alaska Native children attending preschools and elementary schools, and elementary school children statewide. DOH collected information on more than 3,500 children, ranging in age from 1 to 10 years, during January through March 2000.

To share what we learned in this report, we have organized the information collected in *Smile Survey 2000* in terms of seven key findings, and for each we present our data in terms of graphs and/or tables. Wherever possible, we compare data from *Smile Survey 2000* with the 1994 study and Washington data with national averages from the office of the U.S. Surgeon General and other sources.

The seven key findings from *Smile Survey 2000* are:

- Dental decay is a significant public health problem for children surveyed in Washington State. By third grade, more than half of children are affected.
- Rates of dental decay for some Washington children have increased since 1994. More children in *Smile Survey 2000* have a history of decay or fillings.
- Some infants and toddlers in *Smile Survey 2000* have more decay than do very young children nationwide. Rates of decay for 1 and 2 year-olds are substantially higher than for the United States as a whole.

- Poor children surveyed in Washington have proportionately more dental decay. Children from low-income families are also more likely than all Washington children to need treatment.
- Children of color surveyed in Washington have more dental decay. Non-white children and children who speak a language other than English at home are more likely to have dental disease.
- Poor children surveyed in Washington have difficulty accessing oral health care. A fourth of families who want care for their children report that they are not receiving it.
- More children surveyed in Washington have access to preventive sealants. Our children have made progress in this area since *Smile Survey 1994*. But children are less likely to receive the sealants if they come from low-income households, if they are Non-white and/or Hispanic, and if they speak a language other than English at home.

Next Steps

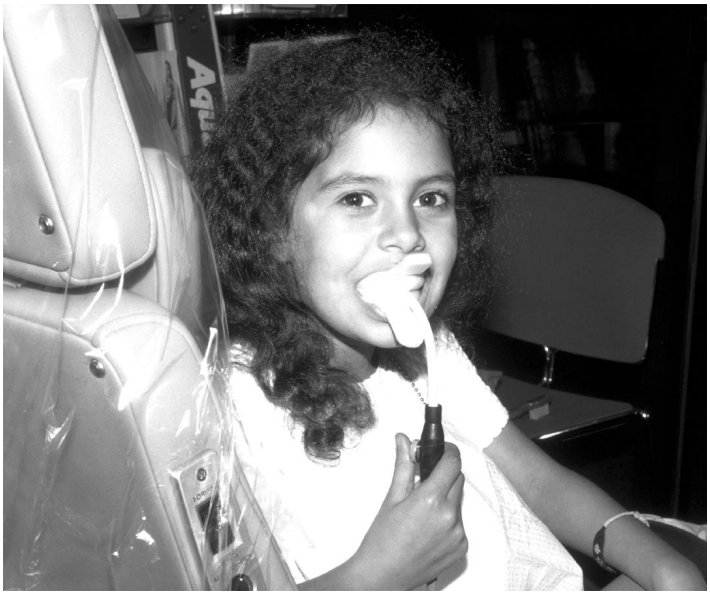
Smile Survey 2000 provides important clues to the reasons why some children in Washington have more decay than others. We know that about a fifth of children experience four-fifths of tooth decay in our state. We know that poor children of color who are recent immigrants—from non-English-speaking families—have more disease and find it more difficult to get dental treatment.

Most children are covered by some type of health insurance, either private or through the state-federal Medicaid program. But even when children have health insurance, they often have trouble finding a dentist. In this report, we show state Medicaid data that reveal particularly low utilization of Medicaid-financed dental services for children in several parts of Washington.

In some ways, we are doing a better job of providing essential oral health services to children in Washington. For example, our public health sealant programs and the promotion of dental sealants as a preventive practice are working.

In the groups of children we surveyed, it is clear that children have continued to get disease, and much of the disease remains untreated. We have not succeeded in providing adequate interventions in public health or private health practice that affect dental disease in these children. We have provided sealants, but this preventive procedure is not applied until a child is about 7 years old. We also must work to prevent decay in primary or baby teeth.

We now have evidence that children at ages 1 and 2 may have significantly decayed teeth. Many children in Head Start and the state Early Childhood Education Assistance Program (ECEAP) still need treatment. While we have



attempted to apply resources to these age groups, the programs are just beginning to catch on. Resources for early intervention have increased with the introduction of the Access to Baby and Child Dentistry (ABCD) Program and training of physicians and nurses to apply fluoride to infants' and toddlers' teeth.

We need to expand this work in all Washington counties. We also need adequate resources to continue the preventive activities provided through Washington's public health jurisdictions, including the federally supported Women, Infants, and Children (WIC) nutrition program, Medicaid expansions for low-income women and children, and child care programs.

The answers to effective policies to protect children's oral health lie in a few sound principles that are stated in the 2000 *Oral Health in America: A Report of the Surgeon General.*

- Change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health.
- Build an effective health infrastructure that meets the oral health needs of all Americans and integrates oral health effectively into overall health.
- Remove known barriers between people and oral health services.
- Use public-private partnerships to improve the oral health of those who still suffer disproportionately from oral diseases.

Smile Survey 2000 demonstrates that we still face many barriers to improving the oral health of all children in Washington State. We are seeing more dental disease among children, and we have fewer dentists in the state than we need to provide essential preventive services. We need to mobilize resources, as well as both public and private oral health care providers, to reverse these trends.